

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90150 044 ***150.00

DOCUMENT # F93000005778

1. Entity Name
CEI REALTY, INC.



Principal Place of Business
7500 OLD GEORGETOWN ROAD, 15TH FLOOR
BETHESDA, MD 20814-6195

Mailing Address
7500 OLD GEORGETOWN ROAD, 15TH FLOOR
BETHESDA, MD 20814-6195

DO NOT WRITE IN THIS SPACE



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number
52-1720754

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DC
NAME CLARK, A J
STREET ADDRESS 7500 OLD GEORGETOWN ROAD
CITY-ST-ZIP BETHESDA, MD 20814

TITLE PDT
NAME NUSSDORF, LAWRENCE C
STREET ADDRESS 7500 OLD GEORGETOWN ROAD
CITY-ST-ZIP BETHESDA, MD 20814

TITLE S
NAME PUMPHREY, CONNIE B
STREET ADDRESS 7500 OLD GEORGETOWN RD
CITY-ST-ZIP BETHESDA, MD 20814

TITLE V
NAME SEAWRIGHT, D. STEPHEN
STREET ADDRESS 7500 OLD GEORGETOWN RD
CITY-ST-ZIP BETHESDA, MD 20814

TITLE VAS
NAME OWEN, REBECCA L
STREET ADDRESS 7500 OLD GEORGETOWN RD
CITY-ST-ZIP BETHESDA, MD 20814

TITLE VD
NAME FLANAGAN, ROBERT J
STREET ADDRESS 7500 OLD GEORGETOWN ROAD
CITY-ST-ZIP BETHESDA, MD 20814

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

4/24/05

Date

301-657-7157

Daytime Phone #